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Debtor 1 Marisel Fernande	7					
First Name	Middle Name	Last Name				
ebtor 2 pouse, if filing) First Name	Middle Name	Last Name				
nited States Bankruptcy Court for the:	Eastern District of Pennsylv					
ase number 21-10012		la la	011-16	a		
known)				Check if this is: An amended filing		
				plement showing postpetition	chapter	
ficial Form 106I				ne as of the following date:		
			MM /	DD / YYYY		
Schedule I: Your Income						
Till in your employment				buse. If more space is needed, a known). Answer every question		
information.		Debtor 1		Debtor 2 or non-filing spo	use	
If you have more than one job, attach a separate page with information about additional employers.	Employment status	 Employed Not employed		☐ Employed☐ Not employed		
Include part-time, seasonal, or self-employed work.						
Occupation may include student or homemaker, if it applies.	Occupation	Tax and business conultant				
Occupation may include student or homemaker, if it applies.						
Occupation may include student or homemaker, if it applies.	Employer's name	Multi Universal L	LC			
Occupation may include student or homemaker, if it applies.	Employer's name	Multi Universal Li				
Occupation may include student or homemaker, if it applies.	Commission and Parks and Parks (1995)			Number Street		
Occupation may include student or homemaker, if it applies.	Commission and Parks and Parks (1995)	1950 S. Delawar		Number Street		
Occupation may include student or homemaker, if it applies.	Commission and Parks and Parks (1995)	1950 S. Delaward Number Street			P Code	
Occupation may include student or homemaker, if it applies.	Employer's address	1950 S. Delaware Number Street Mt. Bethel City Sta	e Dr. PA 18343	City State Z	P Code	
Occupation may include student or homemaker, if it applies.	Commission and Parks and Parks (1995)	1950 S. Delaware Number Street Mt. Bethel City Sta	e Dr. PA 18343		P Code	
or homemaker, if it applies.	Employer's address How long employed the	1950 S. Delaware Number Street Mt. Bethel City Sta	e Dr. PA 18343	City State Z	P Code	
or homemaker, if it applies. Give Details About Estimate monthly income as of	Employer's address How long employed the Monthly Income	1950 S. Delaware Number Street Mt. Bethel City Sta	PA 18343	City State Z		
Give Details About Estimate monthly income as of spouse unless you are separated. If you or your non-filing spouse ha	Employer's address How long employed their Monthly Income the date you file this form we more than one employed	Mt. Bethel City Sta	PA 18343 ate ZIP Code	City State Z 4 years rite \$0 in the space. Include your in		
or homemaker, if it applies. Give Details About Estimate monthly income as of pouse unless you are separated. Tyou or your non-filing spouse ha	Employer's address How long employed their Monthly Income the date you file this form we more than one employed	Mt. Bethel City Sta	PA 18343 ate ZIP Code	City State Z 4 years rite \$0 in the space. Include your in		
or homemaker, if it applies.	How long employed their Monthly Income the date you file this form ve more than one employe tach a separate sheet to the	Mt. Bethel City Stare? 4 years To provide the information of the company of the	PA 18343 ate ZIP Code	City State Z 4 years rite \$0 in the space. Include your report that person on the lines For Debtor 2 or		

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Debtor 1

Debtor 1	Marisel Fernandez First Name Middle Name Last Name		(-		
			F	or Debtor 1	For Debtor 2 or non-filing spouse		
Cor	py line 4 here	4	\$	1,550.00	\$		
			Ψ.		Ψ		
	all payroll deductions:						
	. Tax, Medicare, and Social Security deductions	5a.	\$_		\$		
	Mandatory contributions for retirement plans	5b.	\$_		\$		
	Voluntary contributions for retirement plans	5c.	\$_		\$		
	. Required repayments of retirement fund loans . Insurance	5d.	\$_	·	\$		
	Domestic support obligations	5e. 5f.	φ_		\$		
	. Union dues		\$_ \$		\$		
	Other deductions. Specify:	5g. 5h.	+ ¢		+ ¢		
			-		5		
b. Ас	dd the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$_		\$		
7. C a	alculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	1,550.00	\$		
8. Lis	t all other income regularly received:						
8a	. Net income from rental property and from operating a business, profession, or farm						
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$_		\$		
85	. Interest and dividends	8b.	\$		\$		
80	Family support payments that you, a non-filing spouse, or a depende	nt					
	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_	2,400.00	\$		
8d	. Unemployment compensation	8d.	\$_		\$		
86	e. Social Security	8e.	\$_		\$		
8f	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	nce 8f.	\$_	300.00	\$		
80	. Pension or retirement income	8g.	\$		\$		
	n. Other monthly income. Specify:	8h.	+ \$		+ ¢		
	dd all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_	2,700.00	\$		
	culate monthly income. Add line 7 + iine 9. d the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10	. \$_	4,250.00	+ \$	= § 4,250	0.00
Inc frie	Ate all other regular contributions to the expenses that you list in Scheolude contributions from an unmarried partner, members of your household, ynds or relatives. not include any amounts already included in lines 2-10 or amounts that are	your (depen				
Spe	ecify:				11.	+ \$	
	d the amount in the last column of line 10 to the amount in line 11. The ite that amount on the Summary of Your Assets and Liabilities and Certain S					Limited	0.00
	you expect an increase or decrease within the year after you file this f	form	?			Gombined monthly inco	me
	No. Yes, Explain:						